



# TABS

Titan Athletic Booster Club, Inc.

Frontier High School  
Bakersfield, California

# TABS

Board of Directors

Rob Tracy, President  
Amber Adams, Vice President  
Jen Pafford, Treasurer  
Brandy Rosander, Secretary  
Darin Budak, Past President

## 2018-2019 TABS Scholarship Instructions

The TABS Scholarship is awarded from the Titan Athletic Booster Club, Inc. funds. This Scholarship is dependent on funds from TABS memberships. It will be split between qualifying applicants if more than one applicant applies.

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**SCHOLARSHIP DEADLINE: April 1, 2019 to the FHS Activities Office \* NO LATE SUBMISSIONS will be accepted**

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To be eligible for scholarship consideration, senior sport members must meet the following criteria:

1. Students must have played a Frontier High School sport for at least 2 years,
2. Students must have maintained a minimum cumulative GPA of 2.5 throughout high school,
3. Students must submit a short essay (handwritten or typed) answering the following:
  - o Indicate your education plans and career goals,
  - o Include the need for the scholarship assistance and any special circumstances,
  - o Indicate why you feel you are a good candidate for the TABS scholarship, and
  - o Sign and date your essay.
4. Students must provide one Frontier High School staff and one community recommendation. Forms for these recommendations are attached. These **TWO** recommendations should be returned with your application in a confidential, sealed envelopes,
5. Students must provide a certified copy of their high school transcripts,
6. Students need to be attending college or enlisting in the military or trade school the next school year,
7. Students must provide a copy of college/trade school acceptance letter or if enlisting in the military something that demonstrates the athlete is enlisted, and
8. Parents or guardians must have been an active TABS member for at least 2 years (completing a single or family membership application and fees, which may include (a) donating four hours to any Frontier sporting event as signed off by sport president or designee, (b) finding one sign sponsor for any sport team of a fifty dollar value or more, or (c) donating fifty dollars to any Frontier sport of your choice) including being an active TABS member the year the athlete is applying for the TABS scholarship.

Turn in essay and scholarship application information to the Frontier Athletic Department by **April 1, 2019**. Please place all information in a sealed envelope and mark: Attention: TABS (Titan Athletic Booster Club), Scholarship Application, Players Name, contact phone number.

**All CRITERIA and scholarship areas must be fully completed. If you do not comply with these directions, the application will automatically be rejected. TABS will contact you if the application is accepted and arrangements for collection of scholarship funds will be determined at that time.**





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**CONFIDENTIAL** Scholarship Recommendation Form for:

\_\_\_\_\_ Name of Applicant

The applicant has waived his/her right to view this recommendation.  
Your assessment of this candidate is of vital importance to the application.

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How long have you known this applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

What is the basis for your recommendation? Frontier Staff Recommendation or Community Recommendation

How do you know the application? \_\_\_\_\_

Please rate the applicant on the following attributes:

	Excellent	Good	Average	Below Average
Initiative	[ ]	[ ]	[ ]	[ ]
Respect	[ ]	[ ]	[ ]	[ ]
Effort	[ ]	[ ]	[ ]	[ ]
Motivation	[ ]	[ ]	[ ]	[ ]
Work Ethic	[ ]	[ ]	[ ]	[ ]

Supplement your ratings of this applicant by noting additional information below regarding his/her worthiness or lack of worthiness for scholarship consideration here:

This applicant is recommended (please check one):

\_\_\_\_ Strongly recommended    \_\_\_\_ Recommended with reservations    \_\_\_\_ Not recommended

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO THE APPLICANT IN A SEALED CONFIDENTIAL ENVELOPE**